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| CLAIMS ONLY | SERIAL NO. | FILING DATE |
| APPLICANT(S) | | |

| CLAIMS | | | | | | | | | | | | |
|--------------|----------|------|------------------------|------|------------------------|------|------|------|------|------|------|------|
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | | * | | * | |
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| TOTAL IND. | 6 | | | | | | | | | | | |
| TOTAL DEP. | 01 | | | | | | | | | | | |
| TOTAL CLAIMS | 15 | | | | | | | | | | | |
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| TOTAL IND. | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | |
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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS